

The Department of Community Safety

INTRODUCTION

Every New Yorker deserves to be safe. For the City to deliver this, we need a long view to improving the quality of people's lives: creating economic stability, dignified work, and well-resourced neighborhoods. The Mayor has many tools at their disposal to make this our reality.

The Mamdani administration will bring down rent, repair housing, create high-quality, universally accessible transportation, fully fund our schools, ensure everyone makes a livable wage, provide universal childcare and improve the material conditions of New Yorkers' lives. These policies will foster a safer New York City.

While working towards these goals, the Mamdani administration will ensure that no New Yorker falls through the cracks of our social safety net. Our City currently offers a patchwork of programs for dealing with issues like gun violence and mental health crises, but they are underfunded, inaccessible or unable to produce long-term safety. These programs require interagency coordination and implementation at a citywide scale. The Adams administration has failed on both counts, and has thereby failed to deliver the sense of safety and security that everyone should [feel](#) walking down our streets, riding our subways, or taking our buses.

The Department of Community Safety will fill the gaps of our programs and services. Its mission will be to prevent violence before it happens by taking a [public health approach to safety](#). That requires us to reconcile the fact that violence is highly concentrated in working class neighborhoods in our city. The Department of Community Safety (DCS) will prioritize prevention-first, community-based solutions which have been consistently [shown](#) to better improve safety. Its focuses include:

- Investing in Citywide Mental Health Education and Services
- Improving Subway and Street Safety
- Reducing Homelessness
- Expanding Gun Violence Prevention
- Addressing Hate Violence
- Supporting Victims
- Leading Inter-Agency Innovations & Coordination

Police have a critical role to play. But right now, we're relying on them to deal with our frayed social safety net — which prevents them from doing their actual jobs. It's one of the reasons only [39 percent](#) of crimes are solved and police response times are over [20 percent](#) longer than they were in 2022. The DCS will coordinate across city agencies, including with the NYPD, creating a whole-of-government approach to improve safety outcomes. The DCS will oversee moving the below existing city Offices into Department jurisdiction, allowing us to cohere these programs and fill cracks in our systems. The budget for the Department of Community Safety will be \$1.1B, approximately \$605M of which represents transfers of existing programs into the DCS, and \$455M of which represents new funding needs. It will be funded by better use of existing funding, finding government efficiencies, and cutting waste—combined with newly generated revenue where needed. *Read on to learn more about the core directives, programs, and costs of each focus area.*



MENTAL HEALTH

Too many New Yorkers currently experience mental health issues and, with little access to support, suffer in subway stations and on the streets. The task before the city is to provide real solutions for people in need of mental health support. By making the largest-scale commitment to mental health service provision in New York City history, we're keeping this city—and its streets and subways—safe.

The DCS will oversee unprecedented City investment in mental health services—prioritizing peer-led programs that are proven to create long-term stability and promote recovery. Every New Yorker will be able to access community-based programs and be met with appropriate help and treatment.

The Department of Community Safety will focus on two categories of mental health solutions, augmenting preventative and ongoing care and crisis intervention, **for a cost of \$362.8M.**

(1) Augmenting Preventative & Ongoing Care

Investing in preventative and ongoing care is the most effective means to reducing instances of severe mental illness. It is also less costly than crisis intervention—and more humane. Yet, our City has failed to make this a priority, and too many New Yorkers have suffered as a result.

New Yorkers are Facing Unprecedented Mental Health Concerns

Mental health needs have increased in NYC. Research [suggests](#) that in recent years, a greater percentage of adult New Yorkers have experienced problems functioning due to negative emotional or mental experiences compared to before the pandemic. As of 2022, [13 percent](#) of New York adults have depression. **Furthermore, 34 percent of New Yorkers with a diagnosed mental illness report unmet mental health needs**, i.e. not receiving as much treatment as they needed, not receiving it as soon as they wish they had, or not easily accessing it at any point due to cost.

Critically, there is a shortage of mental health providers in NYC. [Per the NYC Mayor's Office for Economic Opportunity 2022 report](#), the most severe shortages include providers of color, those who can support New Yorkers who speak languages other than English, and those who provide evidence-based treatments. And transgender youth, in particular, suffer from higher levels of suicidality than their cisgender peers. [Eighty-two percent](#) of transgender youth have thought about suicide and 40 percent have attempted to take their own life.

To provide people with preventative and ongoing care the DCS will:

- **Establish a new Community Mental Health Navigators (CMHNs) program across the city**—establishing outposts in every neighborhood with CMHNs who can facilitate connections to care (*see more below*)
- **Create more Peer Clubhouses and support existing ones**
 - *Peer Clubhouses are peer-led, voluntary rehabilitative programs that provide supportive environments for individuals with serious mental illness to connect with one another, build skills, and participate in activities that run the Clubhouse, fostering recovery and a sense of belonging. Clubhouses have been community “[anchors](#)”, successfully addressing mental health issues in New York City for over 75 years*
 - At Fountain House, the City and world’s largest peer clubhouse with 2,000 members, participants are 35 to 45 percent less likely to end up in the ER or hospital, Medicaid costs are 21 percent lower for comparable Serious Mental Illness (SMI), members are 56 percent less lonely and have 50 percent greater employment rates. Overall, it costs approximately \$4,000 to provide services for each member annually. By contrast, that’s roughly the same amount it [costs](#) for a two day hospital stay for people experiencing a mental health crisis, or three days on Rikers Island
 - **Allow for smaller sites to flourish**, reversing Mayor Adams’ Request for Proposal criteria which [restricts](#) smaller programs from receiving city funding
- **Expand access to the city’s Youth Mental Health Services**, such as Teenspace and Adolescent Skills Centers
- **Comprehensively survey existing City programs, including overcoming silos and developing a plan to [scale up](#) successful ones** (e.g. mobile treatment programs for people with serious mental illness: IMT, ACT, SPACT and FACT)
 - Ensure robust inclusion of specific populations, including the LGBTQ+ community

Community Mental Health Navigators – An Innovative Approach

Many New Yorkers have mental health concerns, but do not have access to mental health education or support and face barriers like cost, stigma and mistrust when considering mental healthcare. The Mamdani administration will hire and deploy Community Mental Health Navigators who are supervised by licensed mental health professionals. CMHNs will provide an outlet for neighbors, parents, or partners who notice someone struggling but who do not know how to intervene. They will provide free education and support for mental health, offer coping skills training, connection to social services, or referrals if necessary.

CMHN programs have proven to be an effective and cost-efficient way to increase access to mental healthcare in communities and to identify mild and moderate psychological distress before it becomes a crisis. Research [shows](#) that navigators can facilitate care for a range of conditions and [break down](#) social barriers that keep people from accessing care. Navigator programs are also a smart investment of city resources because they offer preventative mental healthcare, which can [address](#) stress and other lower level mental health concerns before they evolve into costly crises.

Such models have already been used in NYC with success, but it's time we invested further. A 2016 NYC Connections 2 Care program served over 40,000 New Yorkers through 15 community-based organizations. One study [found](#) that **the program decreased barriers to mental health access, including internalized stigma of mental illness, increased mental healthcare access by 10.6 percent, and reduced use of inpatient mental health services by 23.7 percent.** Despite an [existing implementation guide](#) to expand task sharing programs, the City has yet to implement anything comprehensive.

Our roadmap:

- 1. Recruit and employ CMHNs.**
 - a. Establish curricula, recruit and train the Community Mental Health Navigator Supervisory team, clarify logistics, and create a pipeline to these jobs
- 2. Train CMHNs to:**
 - a. Conduct community outreach/relationally organize to advertise their services
 - b. Screen for anxiety, depression, and stress
 - c. Identify and manage risk as part of a treatment team including an on-call licensed supervisor
 - d. Provide mental health referrals, and broader social service referrals, as needed
 - e. Educate about mental health
- 2. Work with public institutions and community-based organizations to establish Community Mental Health Navigators (CMHNs) in every neighborhood** —meeting people where they are
- 3. Determine investments needed in follow-through care from CMHNs that are rooted in communities**, such as [CONNECT](#) (Continuous Engagement between Community and Clinic Treatment)
- 4. Conduct program review and determine program expansion**

(2) Expanding Evidence-Based Acute Crisis Intervention

Every New Yorker should have someone to call, someone to respond, and somewhere to go in crisis.

Crisis Response Needs Are Growing in the City

911 mental health calls have [skyrocketed](#) in the past decade, increasing by 37 percent. Meanwhile, studies [show](#) that NYC neighborhoods with mental healthcare provider shortages call 911 to address mental health concerns 27 percent more than areas without shortages. This is also true of areas with higher rates of homelessness and poverty. This burdens police with being mental health first responders, a role for which they are not equipped, and encounters which in fact too frequently [lead](#) to police violence and even death:

- Since 2015, at least 20 people New Yorkers with mental illness have died in police interactions
- Since 2017, violent incidents between the police and people in mental health crisis has increased 36 percent

An estimated [40 percent of the 6,368 people](#) in city jails have a mental health diagnosis. That's not leadership, it's abdication: jails are not places where people can recover from a mental health crisis, and they often have punitive responses to mental health needs. About [60 percent](#) of people in jails nationwide who have a history of mental health conditions do not receive treatment while incarcerated. They [face](#) more discipline than their peers and spend [three times longer](#) in solitary confinement. Incarceration [worsens](#) people's mental health outcomes and a single day in jail makes someone [more likely](#) to be re-arrested.

- **Overhaul the B-HEARD program**
 - *B-HEARD—the Behavioral Health Emergency Assistance Response Division—currently deploys health professionals, including EMTs/paramedics from NYC Fire Department and mental health professionals from NYC Health + Hospitals, to respond to 911 mental health calls*
 - **Move the program into DCS jurisdiction and reform it to be more effective,** including a peer counselor on every team; use of trauma-informed care; and a focus on long-term stability—i.e. using diversion centers whenever possible
 - **Expand the program so that every neighborhood has a team and the 20 neighborhoods with the greatest need have two to three BHEARD teams, representing a 150 percent increase in funding**
- **Tripling the size of the Mobile Crisis Team program** to institute 24/7 service and improve salaries of team members
- **Create an interconnected mobile crisis system**
 - Ensure interoperability between 988 and 911

- Enable follow-up from Mobile Crisis Teams to BHEARD cases
- **Ensure New Yorkers know they can request mental health crisis responders**
 - **Conduct a massive publicity campaign for 988**, including publicizing the ability to request a Mobile Crisis Team and call and text 988 for a range of services such as suicide prevention and crisis counseling, to speak to a peer, or connection to treatment options
 - **Study and devise new protocol for emergency dispatch so that New Yorkers can call for crisis response teams directly**, in either emergencies or non-emergency situations, and dispatchers are empowered to send crisis teams¹
- **End co-response teams to hand calls off to crisis and outreach teams that are better positioned to address people's needs**
- **Implement a peer-based outreach program for our streets and subway system** (*see more on page 8*)
- **Utilize vacant MTA commercial space for service provision in subway stations** (*see more on page 8*)
- **Increase the number of Transit Ambassadors** to assist customers with questions and concerns on their journeys (*see more on page 8*)
- **Create new Crisis Residences** (formerly 'Respite Centers'), beginning with opening four in year one
- **Institute a [Crisis Response Roundtable](#)** to create a lasting city commitment to mental health for administrations to come
- **Undertake a comprehensive survey of existing City crisis programs** to reform, coordinate, and scale up those that are effective

[Sending Mental Health, EMT, and Peer Professionals to Address Crises Works](#)

In Eugene, Oregon, the Crisis Assistance Helping Out On The Streets (CAHOOTS) is a 24/7 crisis response system in which teams of behavioral health workers and medics respond to 911 and non-emergency calls involving people in behavioral health crises. CAHOOTS teams have **resolved almost 20 percent of all calls** coming through Eugene's police department. Of the estimated 24,000 calls CAHOOTS responded to in 2019, **only 311 [required](#) police backup, showing that tasking teams with appropriate mental health and crisis response training is effective and reduces strain on police.**

¹ New Yorkers can call 988 and request a Mobile Crisis Team, however these are for non-emergencies. When New Yorkers call 911, they cannot request a non-police based crisis response. Meanwhile, 911 dispatchers [frequently do not route](#) BHEARD teams to mental health crises. We need a system that enables and empowers New Yorkers to request non-NYPD crisis response in both emergencies and non-emergencies, empowers dispatchers to route calls to these crisis teams, and does not interfere with violent emergencies, fires, etc. from receiving a swift and appropriate response.

In Denver, CO, the STAR ("Support Team Assisted Response") Program sends mental health professionals to certain non-violent 911 calls. STAR deploys teams that [include](#) a paramedic, a mental health navigator, and a peer navigator, who can de-escalate situations and connect people in distress with services they need. A Stanford University [study](#) of the program found that it **reduced crime in Denver overall, and that in neighborhoods that STAR focused, there was a 34 percent drop in low-level crime. 72 percent** of those served by STAR feel the teams understood and respected them. There were also fewer citations, fewer instances of recidivism.

In Olympia, WA, the City runs a peer navigator program, Familiar Faces, which works to overcome social barriers and find longer-term solutions for residents whom the police encounter most frequently and who are most resistant to treatment. Former Police Chief of Olympia Ronnie Roberts [said](#) of the program: ***"Chiefs need to know that they can free their departments from calls for service that their officers may be ill-equipped to handle while improving long-term safety outcomes for the community. To accomplish this, chiefs need to "hug the cactus"—face up to something uncomfortable—and bring in civilian responders."***

Addressing Safety in our Transit System – A Critical Place for Intervention

The DCS will transform our approach to mental illness and homelessness in our transit system by:

1) Creating dedicated outreach workers in our subway stations

The mission of these outreach teams will be to give people options that are better and safer than sleeping in the transit system and connected to long-term stability, as well as to intervene in escalating situations. The DCS will overhaul the city's current system by:

- Stationing teams of three outreach specialists, including peers, mental health professionals and EMTs, to engage with New Yorkers experiencing homelessness and mental health crises. Teams will be in 100 different subway stations, prioritizing those with the highest rates of homelessness and the most reported incidents
 - Peer support on every team is modeled on successful programs like the aforementioned Familiar Faces in Washington
 - As peers have experiences with poverty, substance use, and the criminal legal system, they are best equipped—and evidence [supports this](#)—to identify with individuals, build relationships and offer credible support
- Coordinating with, and incorporating insights from, the [Street Homeless Advocacy Project](#)

- Ensuring outreach workers can offer credible resources—the key to successful outreach is building relationships that can ultimately offer a continuum of care—psychiatric care, substance abuse treatment, and supportive housing

Also key is paying these workers living wages—currently not the case for our crisis and outreach programs, and [most of our human services workers](#). The Department will ensure all the programs it oversees entail well-paid jobs, with robust training and efficient hiring timelines. **Its total cost is \$60M.**

2) Transforming vacant commercial units in our stations

There is abundant vacant space in MTA stations, much of it commercial, that DCS will use to provide medical services to homeless New Yorkers as well as connections to longer term support. By providing access to a safe and reliable location to receive support, we limit incidents of mental distress. **Its total cost is \$10M.**

3) Investing in highly visible and available Transit Ambassadors

New Yorkers sometimes need information while on the subway platform that can't always be answered by searching the internet—and sometimes they need immediate assistance for things like a medical emergency. The DCS will oversee an improved Ambassador program at subway stations to assist customers with directions, information regarding line disruptions and accessibility, checking station safety and conditions, and directing anyone in need to the aforescribed outreach workers or subway service centers. Moreover, the presence of additional workers within stations deters violent or disorderly behavior.

Transit Ambassador Programs are used in multiple cities across the country, it's time New York joined in this innovative approach to improving our transit system. **Its total cost is \$25M.**

Reducing Homelessness

Communities are safer when everyone has a home. And yet, [more New Yorkers](#) are experiencing homelessness than at any point since the Great Depression, including many of those facing mental health crises in our subway systems and streets. New York City is the richest city in the richest country in the history of the world, and yet people are forced to sleep on the subway or on our streets. The [overwhelming majority](#) of homeless New Yorkers on any given day are families with children.

Most people do not choose to be homeless, they become homeless due to housing costs. And many are disproportionately experiencing mental health issues. These are problems the city can help solve—if it chooses to. Instead, Mayor Adams has chosen to [criminalize and forcibly remove](#) homeless New Yorkers from their temporary shelters.

The DCS will help change that. It will start by providing greater points of specialist contact to people living on our streets—something most New Yorkers recognize is critical—and, in cases where the person experiencing the mental health crisis is also experiencing homelessness, DCS's outreach workers will help that person navigate their housing options. Too often, city and state agencies fail to identify and meet the needs of people experiencing mental health crises and homelessness simultaneously. The DCS will fill that gap, and help individuals receive sustained treatment, support, and housing.

The best way to address homelessness is by providing people with lasting homes. While shelters are a necessary form of emergency temporary housing, securing stable housing for someone in crisis has been [proven successful](#) at reducing homelessness. The initial stability of a roof over one's head, and of privacy and dignity, allows people to then address other needs.

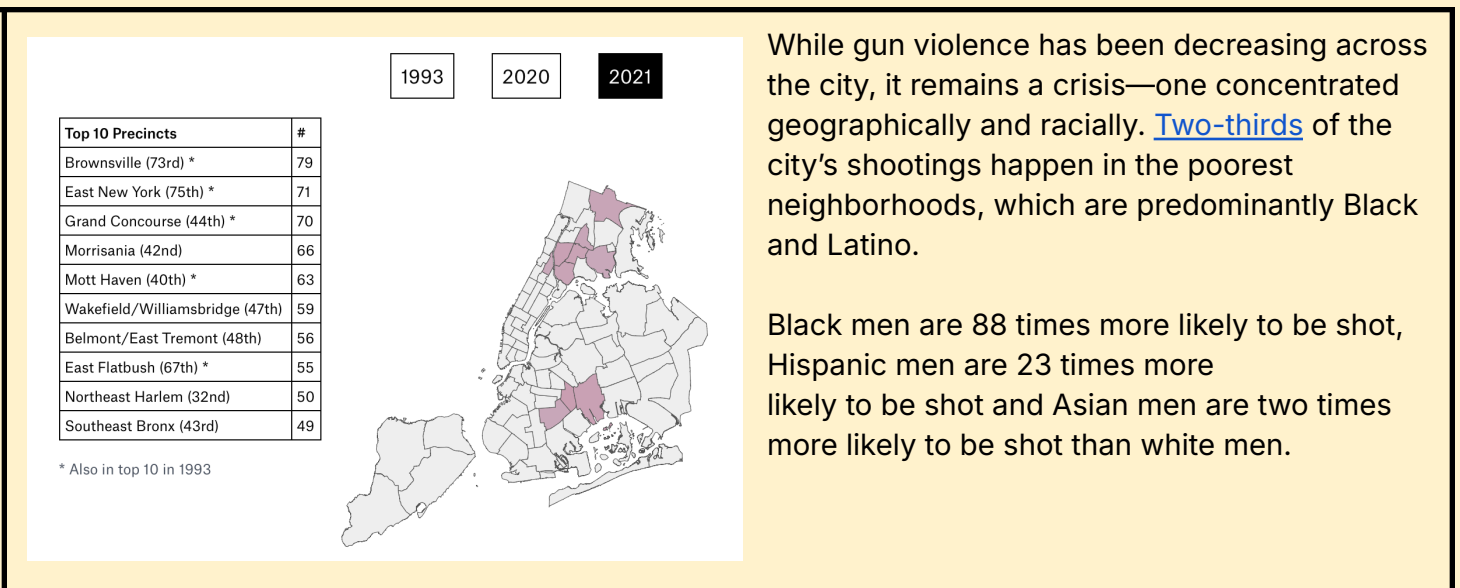
Currently, the City neglects a housing-first solution in favor of jailing people. [More than 2,500](#) people held on Rikers Island each year need access to supportive housing. The city spends \$1.4 billion to incarcerate them, while it would cost just \$108 million to provide them with supportive housing—less than 8 percent of jail expenses. By expanding supportive housing beds, and deploying DCS officers to help direct people experiencing homelessness into them, we can greatly reduce homelessness and save money.

The DCS will function as part of a larger mayoral vision to build affordable housing for all New Yorkers in need, protect tenants from eviction, stand up to negligent landlords, [create](#) stable, healthy homes, expand and enforce rental assistance programs and provide more supportive and transitional housing. When the median rent goes up \$100, homelessness [goes up 9 percent](#). That means freezing the rent for rent-stabilized units, and reducing the rent burden citywide, is the most powerful tool in the fight against homelessness.

Investing in outreach and crisis intervention—plus true connection to housing and treatment programs and a continuum of care—for homeless New Yorkers can [break](#) cycles of homelessness. This will be one of the Department's north stars.

GUN VIOLENCE

The DCS will ensure we continue to reduce gun violence using evidence-based crime-reduction strategies that are proven to keep communities safe. **The total cost for these investments is \$337M.**



While gun violence has been decreasing across the city, it remains a crisis—one concentrated geographically and racially. [Two-thirds](#) of the city's shootings happen in the poorest neighborhoods, which are predominantly Black and Latino.

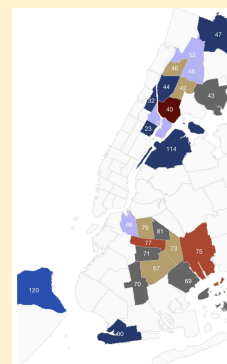
Black men are 88 times more likely to be shot, Hispanic men are 23 times more likely to be shot and Asian men are two times more likely to be shot than white men.

The DCS will centralize, expand, and invest in community-based violence intervention programs through the Crisis Management System, including gun violence interrupters.

The Crisis Management System

New York City's Crisis Management System (CMS) is a comprehensive, community-based initiative aimed at reducing gun violence and promoting public safety. Launched in 2014, CMS operates across multiple neighborhoods significantly impacted by gun violence, providing intervention and support services through a network of over 50 community-based organizations.

In addition to deploying teams of violence interrupters to respond immediately to instances of gun violence, CMS utilizes extensive wrap-around services such as school conflict mediation, employment programs such as Justice Plus and the Anti-Gun Violence Employment Program, therapeutic and mental health services, and legal resources.



The program has been successful, leading to an average [40 percent](#) reduction in shootings across program areas. However, CMS currently operates in only 28 of the city's 78 precincts.

Rather than just respond to violence that's already happened, violence interrupters—begun through the Cure Violence model—are individuals who are trained to de-escalate potentially violent situations and mediate conflicts. These 'credible messengers' identify people who are likely to become perpetrators or be victims, and work with them to mediate conflict and find solutions to conflict. Often taking on the role of ["a father-figure, friend, or spiritual advisor,"](#) violence interrupters are usually from or live in the community and were often formerly involved in violence themselves.

Despite their critical role, violence interrupters have not been well-resourced enough by City Hall. Under the DCS, gun violence interrupters will receive the necessary funding, attention and respect.

Cure Violence: The Evidence

Cure Violence is a public health-based violence prevention program that treats violence as a public health issue that can be treated, prevented, and ultimately eradicated. It was founded in 1995 by Dr. Gary Slutkin, an epidemiologist, and is based on proven strategies used to control and eliminate infectious diseases.

The Cure Violence Approach has been [proven effective](#), with eight evaluations and more than a dozen studies and reports.

Charlotte, MD (2023)

- 75% reduction in killings
- 4.5% reduction in shootings

Baltimore, MD (2023)

- 32% reduction in killings in first four years across five sites
- 23% reduction in shootings across all sites

Culiacan, Mexico (2023)

- 90% reduction in killings (2019 v. 2022)

Chicago, IL (2009)

- 41% to 73% reductions in shootings

Richmond - A Closer Look

In 2007, Richmond, California created one of the first violence intervention programs in the country. At the time of its creation, the Office of Neighborhood Safety (ONS) was responding to a crisis: Richmond had one of the highest homicide rates in California, [more than nine times higher](#) than the state average, and it ranked as the 14th most dangerous city in the country. The program deploys trained outreach workers to people identified as active firearm offenders, and works with street outreach teams to identify those who are most likely to be perpetrators or victims of gun violence. ONS workers then build relationships with people involved in gun violence—sometimes fulfilling unmet material needs, like diapers or food, and other times just being an active presence in the community or hosting public events. In the first 15 years ONS operated, homicides [fell](#) 62 percent and firearm assaults dropped 79 percent.

New York City - A Closer Look

An evaluation of New York City neighborhoods operating Cure Violence programs by CUNY's John Jay College of Criminal Justice [found](#) "steeper declines in acts of gun violence and the expression of pro-violence social norms compared with similar neighborhoods not operating Cure Violence programs. Researchers analyzed crime rates, violent injuries, and social attitudes about violence in four matching areas of New York City. The presence of Cure Violence in a community was associated with significant improvements in public safety."

For example, Save our Streets South Bronx—a program operated by the Center for Justice Innovation—saw a decline in gun injuries by 37 percent and reduction of shootings by 15 percent.

The DCS will:

- **Increase the funding dedicated to the Crisis Management System** by 275 percent. This will allow for:
 - Doubling funding for existing CMS programs which operate in neighborhoods where over 50 percent of gun violence occurs
 - Expanding the Crisis Management System into further areas experiencing gun violence
 - Providing gun violence interruption programs with greater resources and flexibility for their interrupters, such as those of [Newark](#)
- **Establish wider gun violence prevention programs that focus on workforce development, youth mentorship and revitalizing community spaces**
 - Build on [successes](#) from MAP and Building Healthy Communities, including NSTAT
- **Bring the Violence Prevention Initiative, currently under DOHMH, into the Crisis Management System**, increasing funding to expand the program to every hospital located in communities at high-risk of gun violence

- *This utilizes a Hospital-Based Violence Intervention model. Despite the enormous potential of such programs, the city has not expanded since 2002 and it currently operates in only nine of the city's public hospitals*
- **Explore creating further evidence-based models to prevent gun violence that are led by community-based organizations**

HATE VIOLENCE

The DCS will further a vision of a New York City that is free from hate violence, especially given rising antisemitism, Islamophobia, anti-Black racism, anti-Asian hate crimes, and LGBTQ+ hate. No one should experience violence because of their race and ethnicity, religion, sexual orientation, or gender identity. Hate violence is not just an individual problem, it is a collective one, and city government must be invested in not only being part of the solution, but ensuring we dedicate the necessary resources to preventing hate violence from occurring. **The DCS will oversee increasing funding for hate violence programs from \$3 million currently to approximately \$26 million—an over 800 percent increase.**

Hate violence has increased across our city, with [669](#) hate crime incidents in 2023. This spike represents a record high over a ten-year period, and a 12.6 percent increase from the previous year. Islamophobic and antisemitic hate crimes are on the rise. NYPD data show a [73 percent](#) increase in anti-Muslim hate crime incidents in 2023 compared to the previous year. [65 percent](#) of all felony hate crimes targeted Jewish New Yorkers in 2023, and all but 14 of 145 incidents of aggravated harassment in the first degree were committed with an anti-Jewish bias. In addition, gay men, Black New Yorkers and Asian New Yorkers were also some of the groups most targeted by hate crimes in 2023. Hate crimes remain underreported to police departments, and these numbers do not fully convey the scope and scale of hate-fueled violence in our city.

The DCS will oversee stronger, more effective solutions to hate violence, investing in approaches that prevent violence through education and community-building, interrupt violence through community-based bystander training and rapid response at the local level, and repair damage through restorative justice, counseling, and peer-support.

The DCS will:

- **Reinvigorate the Interagency Committee on Hate Crimes**
- **Rebuild the Community Advisory and Services Team, including the creation of restorative justice processes**

- Restart the process to finalize contracts with community-based organizations to lead and develop restorative justice programs to combat hate violence cases, begun in 2021
- **Strengthen the School Bias Response Team** to include educators, mental health professionals, parents, and students, ensuring a comprehensive and community-centered approach
- **Bolster youth-focused programming**
 - Continue to support and fund COMPASS, Summer Rising, and other educational programs that can incorporate anti-hate interventions and support for young people, as well as improve academic outcomes
 - For example, a recent [analysis](#) reportedly indicates that Summer Rising students experienced improvements overall in math compared to similarly achieving students who did not attend the program
 - Conduct more training through DOE and DYCD on hate violence curriculum
 - Create a youth advisory committee, much like the successful ones through CCRB and CCHR
 - Build and invest in [restorative justice models](#) through our schools and for youth, similar to Restorative Justice for Oakland Youth (RJOY) and Community Works West (CWW)
 - These programs keep our students safe, teach them conflict resolution skills, and improve academic outcomes
 - One study [found](#) that schools participating in RJOY's program in Oakland saw a 40 percent decrease of suspensions for Black students, a 24 percent decrease in absenteeism for all students, and a 60 percent increase in four-year graduation rates. RJOY has reduced suspension rates by up to [87 percent](#) and completely eliminated school violence and expulsions in some cases. And [data](#) shows that young people who participate in CWW's restorative justice programming were [44 percent](#) less likely to receive a new sustained charge than other young people in the juvenile legal system
- **Expand funding for and programming to the Office for the Prevention of Hate Crimes and [P.A.T.H. Forward](#) initiative**, including:
 - Fully funding the Hope Against Hate Campaign, an effort which has provided culturally competent safety trainings that have helped community members [cope](#) with anti-Asian bias and feel less fearful
 - Increasing funding to Hate Crime Prevention Innovation Grants program
 - Expanding prevention-focused programming, including bystander intervention training and support for New York City community-based organizations

- Bolster training for new organizations and ease administrative burdens, working with the Mayors Office of Nonprofit Services and the Mayor's Office of Contract Services as needed
- **Ensure that Community Mental Health Navigators and other mental health providers in the city are connected to and can recommend hate violence support services**

VICTIMS SERVICES

While fighting for long-term change to end violence, the DCS will ensure the City adequately serves victims and survivors. **The total cost for these investments is \$40.3M.**

More than 55,000 New Yorkers each year seek services from Safe Horizon, the main agency tasked with supporting New Yorkers affected by crime, domestic violence, sex trafficking and other forms of abuse. Mayor Adams's 2025 budget, which took effect July 1, cut \$3 million from Safe Horizon.

Intimate partner violence (IPV) [affects](#) 16.7 percent of New Yorkers. This means that IPV, [defined](#) as using physical, sexual, emotional, or financial abuse, coercion, controlling behavior, or stalking, is one of the most common forms of crime.

Human trafficking is a form of modern slavery that occurs across the country. In New York, the National Human Trafficking Hotline [identified](#) 412 cases in 2023, affecting 845 victims. Sixty-two percent of these cases were categorized as sex trafficking, 1 percent labor trafficking and 23 percent as a combination of both forms of abuse. Many cases go unreported, especially for undocumented New Yorkers including immigrant trans women.

To better service victims, the DCS will:

- **Conduct a review of current Office of Crime Victim Services programming, better coordinate services and expand programming**—particularly housing options and comprehensive supports for survivors of sexual violence—while leveraging the existing Family Justice Center network
- **Connect Safe Horizon to the CMS system and double its funding**, as well as that of other crime victim assistance programs
- **Increase funding for Family Justice Centers**, including expanding mental health services to be offered to all survivors
- **Ensure that Community Mental Health Navigators and other mental health providers in the city are connected to and can recommend victims support services**

- *This is particularly important as only 29 percent of victims of any crime and only 37 percent of victims of violent crime in the city report [receive](#) any mental health support or counseling*

LEADING INTER-AGENCY INNOVATIONS & COORDINATION

The DCS will oversee a number of programs and coordinate across city agencies, with a directive to prevent violence before it happens and create healthy communities across our city.

As stated in the introduction, this mission requires a multitude of solutions. In addition to the Mamdani administration's commitment to deepening our most fundamental social programs, the DCS will help innovate programs that reduce violence. That includes:

- Investing in environmental [design](#) like [streetlights](#) and [subway lighting](#)
- [Restoring vacant lots](#) and [increasing](#) green space
- Maintaining stable, quality homes and [conducting](#) necessary repairs
- Expanding youth programming including [Safe Passage Programs](#) and the [SYEP program](#)

The DCS will also coordinate with the city's criminal legal agencies, including the courts, direct service providers, and community based organizations that run our diversion and alternative to incarceration programs. We cannot keep our communities safe without ensuring that we commit to reforming our criminal legal system. Diversion helps make communities safer, is cheaper than incarceration, and provides New Yorkers with the services they need.

The DCS will manage its primary focus areas, while also leading across City government. **Each quarter, it will host a symposium across city government—and with the Mayor's entire leadership team—on new ways the city can become safer.** To this end, it will track new evidence-based practices, liaise with other departments, lead these symposia and ensure follow-through, while strengthening efforts across agencies to guarantee we are addressing community safety from every direction.

We know that we need all of these above solutions to make our city safer. The DCS will bring this lens to all of its work.